MAY 19 2004 13:39 FR FINNEGAN 202 408 4400 TO 7038729306#

RECEIVED **CENTRAL FAX CENTER**

MAY 1 9 2004

PTQ/SB/122 (06-03) Approved for use through 11/30/2005. OMB 0851-0035
U.S. Petent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
on collection of information unless it disclave a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. Please change the Correspondence Address for the above-Identified patent application to: Firm or Individual Name I	Under the Paperwork Reduction	Act of 1995, no persons are required t	to respond to	a collection	on of injohnshion ur	I ESTRICE	plays a valle only of
Address fo: Commissioner for Patents P.O. Box 1459 Alexandria, VA 22313-1450. Please change the Correspondence Address for the above-identified patent epplication to: Examiner Name							
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. Please charge the Correspondence Address for the above-identified patent epplication to: XX Customer Number: 22,852	CORRESPONDENCE ADDRESS		Filing !	Filing Date		ىتى	1y. 24 2003
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. Please change the Correspondence Address for the above-identified patent application to: [XX] Customer Number: [22,852] OR [Individual Name Address City Country Telephone This form cannol be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am Ihe: [Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). [XX] Altorney or Agent of record. Registration Number [Assignee of record practitioner named in the application transmittal letter in an application without an executed eath or declaration. See 37 CFR 1.33(a)(1). Registration Number [Typed or Printed] Name [Assignee of record of the individual Number of the entire Interest. Signeture [Assignee of record of the entire Interest. Signeture [Assignee of record of the entire Interest. Signeture of the Interest of the I			First N	First Named Inventor		Morton M. Mower	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450. Examiner Name Attorney Docket Number Desse change the Correspondence Address for the above-Identified patent application to: VX			Art Un	it		37	62
Alternardria, VA 22313-1450. Attorney Docket Number	Commissioner for Patents P.O. Box 1450		Exami	ner Nan	ne	4	
Please change the Correspondence Address for the above-Identified patent application to: XX			Attorn	ev Dock	et Number	06	6809.0031-00000
Address City Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). XX Attorney or Agent of record. Registration Number 43, 826. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(e)(1). Registration Number Typed or Printed Name Edward J. Naidich Signeture May 19, 2004 Telephone 202.408.4000 NOTE: Storetures of All the Inventors or assignates of record of the entire Interest or their representative(a) are required. Submit multiple	Contemps Numba		Identified pa	atenl app	lication to:		
Address City Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Applicant/Inventor Applicant/Inventor Assignate of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). XX Antorney or Agent of record. Registration Number 43_826. Registered practitioner named in the application transmittal letter in an application without an executed eath or dectaration. See 37 CFR 1.33(s)(1). Registration Number Typed or Printed Name Edward J. Naidich Signature Date May 19, 2004 Telephone 202.408.4000 NOTF: Streatures of at the Inventors or assignace of record of the entire interest of their representative(a) are required, Submit multiple							
City Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). XX Attorney or Agent of record. Registration Number 43, 826. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Name Edward J. Naidich Signeture Date May 19, 2004 Telephone 202.408.4000 NOTE: Strustures of 8th the Inventors or easignees of record of the entire Interest or their representative(e) are required. Submit multiple	Individual Name		<u> </u>				
Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). XX Attorney or Agent of record. Registration Number 43.826. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Name Edward J. Naidich Signature Date May 19, 2004 Telephone 202.408.4000	Address						
Country Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). XX Attorney or Agent of record. Registration Number	Address				· · · · · · · · · · · · · · · · · · ·		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). XX Attorney or Agent of record. Registration Number 43.826. Registered practitioner named in the application transmittal latter in an application without an executed oath or declaration. See 37 CFR 1.33(s)(1). Registration Number. Typed or Printed Name Edward J. Naidich Signature Date May 19, 2004 NOTE: Stanguers of all the Inventors or assignees of record of the entire tricrest or their representative(e) are required. Submit multiple	City		Sta	ite		<u> Zip</u>	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). XX Attorney or Agent of record. Registration Number 43.826. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(s)(1). Registration Number Typed or Printed Name Edward J. Naidich Signature Any 19, 2004 NOTE: Standurct of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Country						
data associated with an existing Customer Number use Request for Costomer Number Change" (PTO/SB/124). am the: Applicant/Inventor	Telephone			Fax			
Name Edward J. Naidlch Signature Date May 19, 2004 NOTE: Signatures of All the Inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple	data associated with an e Change" (PTO/SB/124). I am the: Applicant/ir Assignee or Statement to	wentor frecord of the entire interest, under 37 CFR 3.73(b) is enclosed Agent of record. Registration Num), (Form PTC	0/SB/96)	in an application		an
Date May 19, 2004 NOTE: Standures of All the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Typed or Printed	T Naidigh					
Date May 19, 2004 Telephone 202.408.4000 NOTE: Strandures of ell the Inventors or assignees of record of the entire Interest or their representative(a) are required. Submit multiple	المستر	l O Margin	·l :/		_		
NOTE: Standures of all the Inventors or easilgness of record of the entire interest or their representative(s) are required. Submit multiple		2004	Te	lephon	202.408	4000	
	NOTE: Slongfures of all the Inventor	or assignees of record of the entire	Interest or th	elr repres	ontetive(a) are requ	ired. Sub	mit multiple

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

forms are submitted.

*Total of _

XX

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.